## CANTON TOWNSHIP ZONING DEPARTMENT

4711 Central Ave. SE --- Canton, Ohio 44707 330-484-2501 www.cantontwp-oh.gov

## **APPLICATION FOR SIGN CERTIFICATE**

Date:	Receipt No:	Permit No:
Name of Property Ow	ner:	
Name of Applicant: _		
Name of Business:		
Business Address:		Zip Code:
Business Phone:		
Name of Sign Compar	ny:	
Type of Sign:	Pole Facia	Banner Portable
Description of Sign: _		
Size of Sign:	Width	
	Overall Height	
Location of Sign from	<b>Property Lines:</b>	
Set Ba Side Y	ck from Road Right-of-Way _ ck from Side Road Right-of-W ard Set Back:     (N S E W) Sidefeet     (N S E W) Sidefeet     ard Set Backfeet	
Valuation of Sign: \$_		
Fee: \$	Date Fee Paid:	Paid By:
Temporary/Portable:	Sign Period Begins:	Sign Period Expires:
		Applicant Signature

A DRAWING SHOWING THE DESCRIPTION, DIMENSIONS AND LOCATION OF POLE SIGNS OR BILLBOARDS MUST BE SUBMITTED WITH APPLICATION.

ALL SIGNS <u>MUST BE LOCATED 10 FEET FROM ROAD RIGHT-OF-WAY</u>.

TEMPORARY SIGNS MAY NOT FLASH AND ARE GOOD FOR 180 CONSECUTIVE DAYS IN A 6-MONTH PERIOD.

PERMIT EXPIRES ONE (1) YEAR FROM DATE OF ISSUANCE IF CONSTRUCTION HAS NOT COMMENCED.

## **CANTON TOWNSHIP**

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Name of Applicant: _			
Name of Business:			
Business Address:		Zip Co	de:
Business Phone:			
Name of Sign Compa	ny:		
Type of Sign:	Pole Facia	Banner	Portable
Description of Sign:			
Size of Sign:	Width	Height	Total Square Feet
	Overall Height		
Location of Sign from	n Property Lines:		
Set Ba Side Y	ack from Road Right-of-Way ack from Side Road Right-of-Vard Set Back:  (N S E W) Sidefeet  (N S E W) Sidefeet  Yard Set Backfeet		
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